



## **JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME**

### **ECEI APPROACH AND HEARING SERVICES ROUNDTABLE**

**Submission from:**

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## **Introduction**

Scope appreciates the opportunity to appear before the Joint Standing Committee on the National Disability Insurance Scheme and discuss progress with issues identified concerning implementation of the Early Childhood Early Intervention Approach.

Scope is one of the largest providers of early childhood interventions services across metropolitan, regional and rural areas of Victoria, and currently assists over 1,000 children and their families. The early years are a core component of our services; and Scope is committed to ensuring these services reflect best practice and are evidence-based.

While there have been appreciable and welcome improvements to the ECEI pathway, the on-the-ground experience of providers and families has been varied, and many of the presumed advantages are still become established. We have addressed some key issues below under two headings.

### **1. Policy issues**

#### **1.1. Implications of preferred practice models**

- The optimisation of early childhood practice models should not be determined on the basis of cost drivers alone.
- Scope considers there are inherent risks to participants from service models that seek to provide autonomy to allied health assistants with minimal supervision by allied health professionals.
- The role of allied health assistants in providing early childhood supports requires further exploration and definition.

#### **1.2. Delivery of services in natural settings**

- Best practice is for early childhood services to be delivered in natural settings (i.e. at home or in the community) as acknowledged in the Early Childhood Intervention Association national guidelines.
- The natural environment provides the best opportunities for learning, helps children to apply and use the skills they learn in the right setting in unrehearsed conditions rather than trying to generalize across different settings. There is also an emphasis on the importance of collaborating with parents to explore and enhance the naturally occurring learning opportunities that are present in day-to-day life.
- The delivery of services in natural settings continues to be unviable for providers under the existing funding model.

#### **1.3. Training of allied health workforce**

- Larger providers, such as Scope, have become the de facto providers of training for the allied health workforce for the sector.
- The undergraduate allied health training programs approved by regulatory authorities, including the Australian Physiotherapy Council, do not provide any mandated training specific to the disability sector.
- The longer term consequences may include fragmentation of the allied health workforce as more and more practitioners choose to register as sole traders. This means that the foundations of workforce training, supervision and development are going to be undermined.

## **2. Operational issues**

### **2.1. Access to early intervention and the ECEI pathway**

- ECEI partners in metropolitan Melbourne on the whole have better access to early childhood support networks than their regional and rural counterparts. The lack of prior experience with support for children with disability, however, has been evident among all ECEI partners. This is manifest most obviously in failure to onboard new participants in a timely way.
- The higher than expected numbers of children with autism being funded under the Scheme has had an ongoing impact on the capacity of ECEI partners to meet demand for all eligible children.
- There continues to be a lack of services for children who are found to be ineligible for funded early childhood support.
- The transition from ECEI to LAC partners is complicated, especially for children with autism.
- The requirement for families to obtain evidence that demonstrates the eligibility of children to access the Scheme, and then to present further evidence prior to the transition from ECEI, is often a barrier to support continuing when it is most needed. The criticality of uninterrupted support to children at this crucial phase of their development cannot be overstated.
- Scope is greatly concerned that children starting school have been left without any certainty about ongoing support owing to the withdrawal of funding from the Victorian Department of Education and Training (DET) prior to the confirmation of NDIS eligibility and the commencement of supports.

### **2.2. Rural experience with ECEI Pathways**

- Scope is a major provider of early childhood services in rural NDIS areas.
- There have been fewer new referrals to Partners in recent months as the focus has been on clearing the backlog of plan reviews. This leaves increasing numbers of children without support. Many plans have been extended for three months. These decisions have flow-on effects for providers that do not discover there has been an extension until there is 'bounce-back' from the portal.
- There has been constant turnover of staff leading to an inability to form strong working relationships with families and providers. There has been no effort to undertake capacity building with providers despite this being part of the remit for ECEI partners.
- Failure to engage with and lead local providers has resulted in previously strong networks becoming fragmented and ineffective.
- Goulburn is among the last areas to transition to the NDIS in Victoria and there remains considerable confusion regarding the respective roles of the Department of Education and Training, the National Disability Insurance Agency and the Early Years partner in this process.
- Families reported to Scope that they attended planning meetings in November/December 2018, but have yet to receive their first plans.

### 2.3. Implications for thin markets

- The incidence of disability requiring early intervention among children in rural and remote areas is consistent with rates across Australia. As these areas often also support thin markets, the outcomes for children living in rural and remote areas are compromised.
- There are very few experienced early childhood practitioners working in rural areas and this may lead to the development of inappropriate service models, including the overuse of allied health assistants.
- Travel times between participants for allied health practitioners continue to be problematic given this shortage.

## **Conclusion**

Scope fully supports the National Disability Insurance Scheme. We understand that transition brings with it a number of challenges. We seek to work collaboratively with families, the NDIA and DET to optimise the transition process and to ensure quality evidence based services are delivering positive outcomes for children with a disability and their families.